



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5124

<b>SERIAL NUMBER</b> 10/757,923	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> HDW102C
------------------------------------	---	---------------------	-------------------------------	---------------------------------------

## APPLICANTS

David W. Heeke, East Lansing, MI;  
 Walter Britt, Wayland, MI;

\*\* CONTINUING DATA \*\*\*\*\*

DIVISIONAL OF 10/172,315

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*filed 14 JUNE 2002 ABN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/03/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>					

## ADDRESS

32299

## TITLE

Method and device for addressing sleep apnea and related breathing disorders

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---